

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/674909	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12					
4	47					
5	108					
6	101					
7	10					
8	41					
9	10					
10	41					
11	10					
12	41					
13	10					
14	41					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	13	↓	↓	↓		
TOTAL CLAIMS	14					

IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
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58			
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62			
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83			
84			
85			
86			
87	1		
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓